BEST AVAII ARLE COPY SERIAL NO. FILING DATE CLAIMS ONLY APPLICANT(S) CLAIMS AFTER . 1ot AMENDMENT AFTER 2nd AMENDMENT AS FILED IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DZP. IND. DZP. Τ 12, 15-٨. τ **D** TOTAL IND. TOTAL DEP. TOTAL DEP.

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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